

Child Care and Development Fund (CCDF) State Plan for FFY 2016-2018



CCDBG Reauthorization

- Child Care and Development Block Grant (CCDBG)Act of 2014 signed into law on 11-19-14 (Pub.L.113-186)
- Reauthorizes and significantly revises the purpose of the CCDF program and requirements
- Emphasizes a two generation focus- parents and children



Goals of the Reauthorization

- Improve the health, safety, and quality of child care
- Improve low-income working families' access to child care assistance and care that promotes child development



Some significant revisions:

- Establishes minimum child care assistance eligibility periods
- Health and safety standards for providers
- training requirements for providers
- Monitoring requirements
- Consumer information

5.0 Standards and Monitoring Processes to ensure Health and Safety

Health and Safety Orientation Training

- •A broad entry level overview of 10 required basic health and safety training topic areas plus Child Development
- •Includes all caregivers, teachers, and Directors
- •Complete within 3 months of employment or by 9/30/16
- Hours count toward annual training needs



Center Interpretive Guide Updates

470 IAC 3-4.7-32 Staff orientation

Note:

Prevention of sudden infant death syndrome (SIDS) and Prevention of shaken baby syndrome and abusive head trauma must be included in this requirement for staff orientation.

Note:

The handling and storage of hazardous materials and the appropriate disposal of biocontaminants must be included in this training requirement.



Updates Continued

Note:

Children who are homeless and children in foster care, the physical examination must be provided within ninety (90) days of enrollment.

Note:

Children who are homeless and children in foster care, the immunization record must be provided within ninety (90) days of enrollment.

Note:

The plan must also include emergency preparedness and response planning for emergencies resulting from a natural disaster, or a man-caused event (such as violence at a child care facility), within the meaning of those terms under section.



Draft Center Rules

• Due to changes in reauthorization, center rules are being updated to meet the Federal requirements.



The Process

- The promulgation process will take about a year.
- Public hearings are part of this process.
 Providers will be notified and the dates will be published in newspapers. At these hearings, you will be allowed to testify but our agency is not allowed to answer questions.



The Process Cont.

- These are just proposed changes, these rules are not in effect at this time.
- Rules may be changed before the process starts or after public hearings.
- When the process begins, copies of the draft will be made available.
- We have no copies to distribute at this time.



- Criminal history check; required actions adding the language from the law
- Staff, substitutes, and volunteer records added A drug test in accordance with IC 12-17.2-4-3.5.



- In an emergency closure of child care centers added The written plan shall include relocation, if necessary, continuity of operations and accommodations of infants and toddlers, children with disabilities and children with chronic medical conditions.
- Reporting requirements; serious occurrences added Lock down of the childcare center



 Director qualifications and Lead caregiver qualifications added Certified Childcare Professional (CCP); or
 Preschool Associates Credential (PAC); or
 Administrators Certificate approved by the Division



• Staff orientation added Emergency evacuation and procedures including emergency preparedness and response planning for emergencies resulting from natural disaster, or a man-caused event (such as violence at a child care center), Prevention of and response to emergencies due to food and allergic reactions, Safe sleep practices. Prevention of sudden infant death syndrome (SIDS), Prevention of shaken baby syndrome and abusive head trauma. Prevention and control of infectious diseases (including immunization), Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, neighboring business risks, bodies of water, and vehicular traffic,

The handling and storage of hazardous materials and the appropriate disposal of biocontaminants and Appropriate precautions in transporting children, if applicable.



- In-service staff training added Safe Sleep practices approved by FFSA. Safe Sleep training shall be updated annually and Emergency preparedness.
- Children's admission records added Safe Sleep Practices signed by the parents of children twelve (12) months of age and younger.



- Children's health records added Within health: record form thirty (30) days of a child's enrollment, the child's health record shall contain the following: Physical examination verification form with physician's, nurse practitioner's or physician's assistant signature dated no earlier than twelve (12) months prior to enrollment date.
- Children who are homeless, the physical examination must be provided within ninety (90) days of enrollment.
- Current and complete record of immunization history showing month, day, and year of each immunization and children who are homeless, the immunization record must be provided within ninety (90) days of enrollment.



- Playground design added When children are outside playing or doing activities, they shall remain in the fenced in play area for their protection.
- Meal components added No milk less than 1% may be served to children ages 2 and older according to approved nutrition programs, unless a child has a physician's, physician's assistant or nurse practitioner's statement. The center shall serve whole milk to children under two (2) years of age unless a physician orders a specific substitution.



Special diets added For children requiring a special diet due to medical reasons or allergic reactions, the center shall provide meals and snacks in accordance with the child's needs and the written instructions of the child's physician. Each child with a food allergy shall have a special care plan prepared for the Center by the child's physician, nurse practitioner or health professional. That plan should include: written instructions regarding the food (s) to which the child is allergic and steps that need to be taken to avoid that food, a detailed treatment plan to be implemented in the event of an allergic reaction, including the names, doses and methods of administration of any medications that the child should receive in the event or a reaction. The plan shall specific symptoms that could indicate the need to administer one or more medications. Based on the child's special care plan, the child's teachers shall receive training, demonstrate competence in and implement measures for: preventing exposure to the specific food (s) to which the child is allergic; recognizing the symptoms of an allergic reaction; treating allergic reactions.



 Child health requirements added Child's medical history including previous screenings for lead, tuberculosis risk, and development including social emotional level.



- Disaster and emergency plan and procedures added When conditions arise that put the children and staff in danger or when children and staff are unable to leave the building, the center must take immediate action to provide for the safety and well-being of children and staff. These conditions include, but are not limited to, the following: An emergency declared by the Governor, An ice or snow storm, An additional weather emergency, such as severe flooding, Dangerous or hostile persons or situation in or near the facility.
- The center shall have a written plan and procedure for ensuring that the children's and staff's basic needs are met in case of the need to spend the night at the facility.
- The center shall have a written plan and procedure in case of the need for a lock-down of the facility.
- These plans and procedures shall include, when: Appropriate and/or necessary; Evacuation, relocation, shelter-in-place, communication and reunification with families, continuity of operations and accommodations of infants and toddlers, children with disabilities and children with chronic medical conditions.
- The center shall have written guidelines for the continuation of child care services in the period following the emergency or disaster, which may include the provision of emergency and temporary child care services, and temporary operating standards.



• Evacuation procedures added The center shall post written disaster, evacuation, relocation and shelter procedures for an internal and an external disaster in the following areas: The plan shall provide for communication and reunification with families, continuity of operation, and accommodation of infants and toddlers, children with disabilities and children with chronic medical conditions.



• Poisons, chemicals, and hazardous items added Any accessible water hazards (retention ponds, baptismal fonts, drainage ditches etc.) within the facility or on the grounds where the child care is located, must be inaccessible to children. The center shall make bio-contaminants inaccessible to children. The center shall dispose of bio-contaminants appropriately according to local authorities.



- Emergency drills added Staff shall conduct evacuation drills for natural disasters in areas where they occur as follows: Tornadoes, on a monthly basis during tornado season, Lockdown/shelter in place every six (6) months.
- Staff shall conduct drills in the event of a dangerous situation inside or outside of the building.



- Infant/toddler room personnel added Infant caregivers shall have training in Safe Sleep Practices approved by FSSA before caring for infants and updated annually.
- Infant program added not place awake children in cribs, except for a short period of time when going to sleep or awakening. The time shall not exceed fifteen (15) minutes.



- Infant/toddler sleeping added Caregivers shall follow Safe Sleep Practices that are approved by FSSA.
- Prior to swaddling an infant, a written statement shall be provided from the parent or guardian allowing the infant to be swaddled.
- Infants under the age of three (3) months may be swaddled using a safe swaddler according to manufacturer specifications.
- Children less than 12 months of age shall never have any soft bedding such as pillows, quilts, comforters and sheepskins in the crib or port-a-crib.
- There shall not be any toys, stuffed animals, mobiles, crib bumpers, positioning devices, or extra bedding in the crib.
- Infant/toddlers shall not wear bibs while sleeping.
- Pacifiers in the crib shall not have any attachment devices.



Definitions added

- "Child care staff member" means an individual who is employed by a child care provider for compensation; or whose activities involve the care or supervision of children for a child care provider or unsupervised access to children who are cared for or supervised by a child care provider.
- "Director" means the person responsible for the operation for the child care ministry at all times.
- "Direct supervision" means that qualified child care staff: have all children in sight; are alert to any problems that may occur; and are taking an active supervisory role with the children.
- "Visitor" means any person, at least sixteen (16) years of age, observing or assisting in the child care ministry for no compensation and for less than eight (8) hours per month.
- "Volunteer" means a person, at least sixteen (16) years of age, working or assisting in the child care ministry more than eight (8) hours per month who is not paid by the ministry.



Registration added

- Reporting Requirements. It shall be the responsibility of the applicant to report promptly to FSSA the following changes or events: the employment of a new Director.
- The director is the person designated as responsible for the overall operation of the child care with primary responsibility for planning and supervising the children's developmentally appropriate program and staff.



Water supply, plumbing and sewage disposal added

- The ministry shall provide hot and cold running water at all hand washing sinks.
- The ministry shall maintain water temperature between one hundred (100) degrees Fahrenheit and one hundred twenty (120) degrees Fahrenheit on all hot water supplied to sinks, bathing, and washing facilities used by children.



Buildings, grounds, equipment, furnishings, materials and supplies added

- Each child care room/area shall have a minimum of thirty-five (35) square feet of usable indoor play space per child at all times.
- Usable indoor play space is exclusive of the kitchen, toilet rooms, isolation areas, office, staff rooms, hallways, stairways, storage areas, lockers, cubbies, the teacher's desk, laundry areas, the furnace room, and floor space occupied by permanent built-in cabinets.



Medication added

- Child care staff shall administer the specified medication as directed on the label of the medication or as specified by the consulting physician.
- Child care staff shall obtain the reason for administration of the medication and written parental permission prior to the administering of medication.
- All pharmacy-labeled prescription medication must be renewed annually and kept in currently labeled containers. The written order or the pharmacy label must show the following: The name of the child, The name of the specific medication, The dosage of medication to be administered, Why it is to be given (for nonprescription medication), The frequency/interval to be given, The physician's name, The date the prescription was filled or the order was written, Medication shall be kept in the original container, When no longer needed, medication shall be returned to the parents or destroyed, Medication not requiring refrigeration shall be kept locked in a cabinet or container that is in a well-lit area, fifty (50) foot candles, and shall not be stored in the kitchen or in a bathroom.
- (h) Medication labeled "refrigerate" shall be stored in tightly lidded, washable containers marked "medication" in a refrigerator.



Basic first aid training added

- All child care staff and other persons responsible for the supervision of children shall have training in basic first aid as follows: Prior to opening a child care ministry, at least one (1) child care staff shall have current training or the expiration date shall be no later than three (3) years from the training date in the administration of basic first aid and be on duty at all times. Additionally, all infant and toddler staff shall have current training in basic first aid prior to working with infants and toddlers.
- Except as stated in subdivision (1), training for all other staff shall be completed within six (6) months of employment and at least every three (3) years thereafter.



Cardiopulmonary resuscitation training

- Staff shall have training in cardiopulmonary resuscitation (CPR) as follows:
- At least one (1) child care staff must be trained annually in pediatric CPR and shall be present within the registered area of the child care ministry during all hours of operation and with children on field trips.
- In child care ministries registered for infants or toddlers, all infant and toddler staff shall be trained annually in infant or pediatric CPR as appropriate prior to working with infants and toddlers.
- Training in CPR shall be appropriate to the age of the children for which the child care ministry is registered. Training in adult CPR is required if children eight (8) years of age or older are present.



Drug testing added

- A child care ministry shall, at no expense to the state, maintain and make available to FSSA upon request a copy of drug testing results for an individual who: is employed; or
- volunteers; as a child care staff at the child care ministry. The drug testing results
- required must be obtained before the individual is employed or allowed to volunteer as a child care staff.
- A child care ministry shall maintain a written policy specifying the following:
- That the: use of: tobacco; or a potentially toxic substance in a manner other than the substance's intended purpose; and use or possession of alcohol or an illegal substance; is prohibited in the child care ministry when child care is being provided



Staff Orientation Training added

- All new staff shall receive orientation training on the following topics: Safe sleep practices, Administering medications, Food allergy prevention and response, Emergency preparedness and response, Building and premises safety, Universal precautions training,
- Transporting children. (if applicable), Shaken baby and abusive head trauma.



In-service staff training

• In addition to first aid, cardiopulmonary resuscitation (CPR), universal precautions, and lifesaving certification, all directors and persons counted in child/staff ratios shall have, on an annual basis, a minimum of twelve (12) clock hours of in-service training as follows: These will be the same for all provider types.



Daily Activities added

• The child care ministry shall make available daily activities appropriate to the age, developmental needs, interests, and number of children in the care of the provider, including the following: Both active and quiet play. The provider shall include the use of safe, age-appropriate toys, games, and equipment for indoor and outdoor play if the facility has an approved outdoor playground. The child care ministry shall make available to each child in care the following: Appropriately timed nutritious meals and snacks in a quantity sufficient to meet the needs of the child. Drinking water at all times. All children shall be under the direct supervision of a responsible child care staff at all times.



Ministry Rule

Infant/toddler sleeping added

All child care staff of children who are less than twelve (12)
months of age shall have training in Safe Sleep Practices approved
by FSSA before caring for children.



Ministry Rule

Transportation added

• The following rules apply to all facility transportation of children in vehicles owned or leased by the child care: The ministry shall assume responsibility for a child between the place where the child is picked up and the child care facility, and from the time he or she leaves the child care facility until he or she is delivered to his or her parent or the responsible person designated by his or her parents.



Ministry Rule (transportation cont.)

• The facility shall do the following: Obtain signed parental permission to transport prior to providing transportation for a child. License any vehicle operated by the child care ministry in accordance with the laws of Indiana. Carry liability insurance to cover all passengers riding in the vehicle. Maintain vehicles in safe operating condition. Keep the vehicle clean and free of obstructions on the floors, seats, and rear window area. Present documentation that vehicles used in transporting children are appropriately licensed and maintained. Not transport more children than the manufacturer's rated passenger capacity. Not permit children to ride in the front seat of any vehicle. Post a sign in the vehicle stating that this is a smoke free vehicle.



Ministry Rule (transportation cont.)

- Check driver has proper license from bureau of motor vehicles on at least an annual basis.
- The driver shall comply with the following: Be at least twenty-one (21) years of age and hold a proper license to operate the vehicle. Seat all children in proper safety restraints to comply with IC 9-19-11 while the vehicle is in motion. The following rules apply to all transportation of children while under the care of the child care facility in vehicles not owned or leased by the facility: The ministry shall assume responsibility for a child between the place where the child is picked up and the child care ministry, and from the time he leaves the child care ministry until he or she is delivered to his or her parent or the responsible person designated by his or her parents.



Ministry Rule (Transportation cont.)

• The ministry shall do the following: Obtain signed parental permission to transport in a vehicle not owned by the ministry prior to providing transportation for a child. Carry liability insurance to cover all children riding in the vehicle beyond the coverage provided by the vehicle owner. Not permit transportation of more children than the manufacturer's rated passenger capacity. Not permit children to ride in the front seat of any vehicle. Assure that the driver is at least twenty-one (21) years of age and holds a proper license to operate the vehicle.



Ministry Rule

Field trips added

- The ministry shall comply with all sections of this rule during field trips.
- Child care staff shall account for all children before, during, and after field trips.
- The ministry shall obtain written parental permission for each child prior to participation in a field trip.
- If a change of days is needed, the classroom would be required to post a notification of the change.
- Parents may sign a form for several planned field trips at one time, provided the form lists each specific trip, the date, time, and a spot to mark yes/no with parent signature and date at the bottom.



Ministry Rule

Disaster and emergency plan and procedures added When conditions arise that put the children and staff in danger or when children and staff are unable to leave the building, the ministry must take immediate action to provide for the safety and well-being of children and staff. These conditions include, but are not limited to, the following: An emergency declared by the Governor, An ice or snow storm, An additional weather emergency, such as severe flooding, Dangerous or hostile persons or situation in or near the facility.



Ministry Rule (Disaster cont.)

- The ministry shall have a written plan and procedure for ensuring that the children's and staff's basic needs are met in case of the need to spend the night at the facility.
- The ministry shall have a written plan and procedure in case of the need for a lock-down of the facility.
- These plans and procedures shall include, when: Appropriate and/or necessary; Evacuation, relocation, shelter-in-place, communication and reunification with families, continuity of operations and accommodations of infants and toddlers, children with disabilities and children with chronic medical conditions.



Ministry Rule (Disaster cont.)

 The ministry shall have written guidelines for the continuation of child care services in the period following the emergency or disaster, which may include the provision of emergency and temporary child care services, and temporary operating standards.



Ministry Rule

Evacuation procedures added

- The ministry shall make plans for the protection of children in the event of a disaster.
- The ministry shall post written disaster, evacuation, relocation and shelter procedures for an internal and an external disaster in the following areas: All areas used by children, Kitchen, Offices, Hallways,
- Fire exit routes shall not pass through the following: Kitchens, Storerooms, Bathrooms, Closets, Any area where motor vehicles or gasoline powered equipment are stored, Spaces used for similar purposes.



Ministry Rule (Evacuation cont.)

- Staff shall obtain accurate head counts of children and staff in the event of evacuations or drills at the child care ministry.
- The plan shall provide for communication and reunification with families, continuity of operation, and accommodation of infants and toddlers, children with disabilities and children with chronic medical conditions.



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Goals of the Reauthorization

- Improve the health, safety, and quality of child care
- Improve low-income working families' access to child care assistance and care that promotes child development



Some significant revisions:

- Establishes minimum child care assistance eligibility periods
- Health and safety standards for providers
- training requirements for providers
- Monitoring requirements
- Consumer information

CCDF Plan Implementation Deadlines

- •Some requirements in the law have a specific implementation date
- •If the law does not specify a date for a requirement, the new requirements become effective upon the date of enactment and states have until 9-30-16 to implement the new requirements.

- Licensing requirements and standards
- Monitoring and Enforcement Policies and Practices
- Criminal Background Checks



The CCDBG Act of 2014 makes child care safer by defining minimum health and safety requirements for child care providers. This includes both the standards that must be established and the pre-service/orientation and ongoing minimum training required.

The CCDBG Act of 2014 added a new provision specifying that States and Territories must 1) establish health and safety requirements for providers serving children receiving CCDF assistance relating to matters included in the topics listed below

- Prevention and control of infectious diseases (including immunization)
- Prevention of sudden infant death syndrome and use of safe sleeping practices
- Administration of medication, consistent with standards for parental consent
- Prevention of and response to emergencies due to food and allergic reactions
- Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic
- Prevention of shaken baby syndrome and abusive head trauma
- Emergency preparedness and response planning for emergencies resulting from a natural disaster, or a man-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a) (1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1))
- Handling and storage of hazardous materials and the appropriate disposal of bio contaminants
- Precautions in transporting children (if applicable)
- First aid and cardiopulmonary resuscitation (CPR) certification

The CCDBG Act of 2014 added a new provision specifying that States and Territories must 2) have pre-service or orientation training requirements, appropriate to the provider setting, that address these health and safety topics.

- Prevention and control of infectious diseases (including immunization)
- Prevention of sudden infant death syndrome and use of safe sleeping practices
- Administration of medication, consistent with standards for parental consent
- Prevention of and response to emergencies due to food and allergic reactions
- Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic
- Prevention of shaken baby syndrome and abusive head trauma
- Emergency preparedness and response planning for emergencies resulting from a natural disaster, or a man-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a) (1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1))
- Handling and storage of hazardous materials and the appropriate disposal of bio contaminants
- Precautions in transporting children (if applicable)
- First aid and cardiopulmonary resuscitation (CPR) certification

Health and Safety Orientation Training

- •A broad entry level overview of 10 required basic health and safety training topic areas plus Child Development
- •Includes all caregivers, teachers, and Directors
- •Complete within 3 months of employment or by 9/30/16
- Hours count toward annual training needs

Other options for meeting health and safety training requirements

- •Approved college courses, webinars, other online training options
- Certain credentials and degrees
- •Collect documentation of prior training on the topic areas

A new online training will meet the required topic areas.

- Online 24/7 thru Training Central
- Available at no cost
- 3 modules- child development, health, safety- can be taken separately and at your own pace
- Face to face version through the CCRRs

6.0 Recruit and Retain a Qualified and Effective Child Care Workforce

- •Training and Professional Development Requirements
- •Support of training and Professional Development for the child care workforce with CCDF funds
- •Early Learning and Developmental Guidelines





Changes to the Interpretative Guide for 2016

- Effective 7/1/2016 most changes are already implemented and hadn't been added to the guide yet
- 10 updates 3 are exactly the same just different sections of the regulations
- Unannounced visits were started with the July quarter (visits between 4/1 and 6/30.
- Multiple homes already required by the State Fire Marshal, just added to Interpretative Guide
- Emergency plans required of reauthorization, 2 different places



Changes continued:

- Universal Precautions always required but added explanation from OSHA.
- Homeless children required by reauthorization.
- Discipline policy added language that is required for reauthorization



DRAFT REGULATIONS

- Due to changes in reauthorization and the fact that we have not had new regulations since 1996.
- Current rules are very difficult to find things in, use outdated language, and refer to outdated practices.



Rules continued:

- In 2006, we formed a regulations committee made up of providers, Child Care Resource & Referral staff, Food Program staff, and licensing consultants.
- Our agency contacted with the National Association of Regulatory Administration to moderate the meetings and write draft regulations.
- Due to administrative changes, the rules were never promulgated.
- We took that draft and revised it based on new laws, best practice, and federal laws.



Rules continued:

- We also looked at fatality reports, American Academy of Pediatrics, Food & Nutrition program, etc.
- Promulgation process takes about a year. There are several steps and agencies that require approval.
- Public hearings are part of the process. Providers will be notified and the dates will be published in newspapers. At these hearings, you will be allowed to testify but our agency is not allowed to answer questions.



Proposed changes:

- These are just proposed changes, these rules are not in effect at this time.
- Rules may be changed before the process starts or after public hearings.
- When the process begins, copies of the draft will be made available.
- We have no copies to distribute at this time.
- We will be answering questions



Proposed changes continued:

- Before licensing an additional home, provider shall have met educational requirements or be grandfathered.
- Provider must be 21 years of age or be at least 18 but not yet 21 and has a CDA or Office approved equivalent.
- New orientation requirements discussed earlier. This is for all staff regardless of start date. Once taken, it not required to be taken again.
- Training 12 hours of in-service per year, annual CPR for all staff, safe sleep training for all staff and yearly refresher course
- Safe Sleep new crib requirements, safe sleeping arrangements & equipment for children under 12 months



Proposed changes continued:

- Room temperature requirements between 60 and 89 degrees F.
- Emergency plan required by reauthorization
- Television restrictions all programs must be age-appropriate, programs must be for educational purposes only & incorporated into lesson plans, children shall not be required to sit and watch TV but given other choices of activities, shall maintain required room lighting, prohibited with infants and toddlers
- Discipline no corporal punishment (hitting, spanking, beating, shaking, pinching, biting)
- Pets & other animals more details about prohibited animals, disposing of waste, where they are allowed in the home
- Current CDA grandfathered from date prior to date of rules



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